

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the
invention entitled:
APPARATUS AND METHODS OF CALIBRATION

described and claimed in the specification:
Check one
a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims,
as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in
Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign
application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year
prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the
United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above named
foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this
application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,875; William P. Berridge, Reg. No. 30,824;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Fardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,458; Robert A. Miller, Registration No. 32,771;
Mario A. Constantino, Registration No. 33,569; Caroline D. Deannum, Registration No. 34,494;
and John Beck, Reg. No. 22,833.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, P.L.C., P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22328, TELEPHONE (703) 836-6400.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein
of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or
imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may
jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	Whym	Victor	LOVETTE
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:	<i>Whym V. Lovette</i>		
3	**DATE OF SIGNATURE:	12	17	99
		Month	Day	Year
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		City	State or Province	Country
	Citizenship:	USA		
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*This form may be executed only when attached to the specification (including claims) at the end thereof if Box 2 is
checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

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1 *Typewritten Full Name*
of Second Joint Inventor (if any) John Stewart CECI
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2 ****INVENTOR'S SIGNATURE:** John L. CECI

3 ****DATE OF SIGNATURE:** 12/17/99
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1 *Typewritten Full Name*
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2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
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1 *Typewritten Full Name*
of Fourth Joint Inventor (if any) _____
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2 ****INVENTOR'S SIGNATURE:** _____

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Month Day Year

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City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country)

1 *Typewritten Full Name*
of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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